

## Important Paper Submission Information

Dear CARE Act service provider,

For your Title **I** **II** **III** **IV** grantee, \_\_\_\_\_,  
(circle all that apply) (name of grantee of record)

please submit your CARE Act Data Report via **Paper** to:

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Your report is due on: \_\_\_\_\_, 2004

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## Important Web Submission Information

Dear CARE Act service provider,

For your Title **I** **II** **III** **IV** grantee, \_\_\_\_\_,  
(circle all that apply) (name of grantee of record)

please submit your CARE Act Data Report via the **Web data entry system**:

<https://performance.hrsa.gov/hab>

Your registration code is: \_\_\_\_\_

Your report must be in 'Review' status on the Web by: \_\_\_\_\_, 2004